



APPLICATION DATA SHEET

Application Information

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| Application number:: | 10/764,980 |
| Filing Date:: | 01/26/04 |
| Application Type:: | Non-Provisional |
| Subject Matter:: | Utility |
| Suggested classification:: | |
| Suggested Group Art Unit:: | 3626 |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | None |
| Number of copies of CDs:: | None |
| Sequence submission?:: | N/A |
| Computer Readable Form (CRF)?:: | No |
| Number of copies of CRF:: | N/A |
| Title :: | Handheld Medical Reference Application With Integrated Dosage Calculator |
| Attorney Docket Number:: | 91303 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | 3 |
| Total Drawing Sheets:: | 4 |
| Small Entity?:: | Yes |

Latin name:: N/A
Variety denomination name:: N/A
Petition included?:: No
Petition Type:: N/A
Licensed US Govt. Agency:: No
Contract or Grant Numbers:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor (1)
Primary Citizenship Country:: U.S.A.
Status:: Full Capacity
Given Name:: Mark
Middle Name::
Family Name:: Rosenbloom
Name Suffix:: M.D.
City of Residence:: Evanston
State or Province of Residence:: Illinois
Country of Residence:: U.S.A.
Street of mailing address:: 100 Greenwood Street
City of mailing address:: Evanston
State or Province of mailing address:: Illinois
Country of mailing address:: U.S.A.
Postal or Zip Code of mailing address:: 60201

Applicant Authority Type:: Inventor (2)
Primary Citizenship Country:: U.S.A.
Status:: Full Capacity
Given Name:: Karen
Middle Name::
Family Name:: Jeffrey
Name Suffix::
City of Residence:: Chicago
State or Province of Residence:: Illinois
Country of Residence:: U.S.A.
Street of mailing address:: 1210 W. Fletcher
City of mailing address:: Chicago
State or Province of mailing address:: Illinois
Country of mailing address:: U.S.A.
Postal or Zip Code of mailing address:: 60613

Correspondence Information

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Representative Information

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|---------------------------------|-------|
| Representative Customer Number: | 24628 |
|---------------------------------|-------|

Domestic Priority Information

| Application:: | Continuity Type: | Parent Application:: | Parent Filing Date:: |
|------------------|--------------------|----------------------|----------------------|
| This Application | Non-provisional of | 60/442,538 | 01/24/03 |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
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Assignee Information

Assignee name:: N/A
Street of mailing address:: N/A
City of mailing address:: N/A
State or Province of mailing address:: N/A
Country of mailing address:: N/A
Postal or Zip Code of mailing address:: N/A